Application for Federal Assistance

Assistance					
		2. Date Submitted 08/05/05		Applicant Identifier DUNS No. 058873019	
1. Type of Submission:	3. Date Re	eceived by Sta	te	State Application Identifier	
Application: Construction	4 Date Re	eceived by Fed	leral Agency	Federal Identifier	
Preapplication: Non - Construction	7. 54.6 11.	4. Date Received by Federal Agency		B-05-MC-48-0015	
5. Applicant Information					
Legal Name			Organizational Unit		
City of El Paso, Texas			Department of Community and Human Development		
Address #2 Civic Center Plaza 8th Floor El Paso, TX 79901			Contact Robert A Salinas, Director (915) 541-4643		
6. Employer Identification Number (EIN):			7. Type of Applicant:		
746000749			Municipal		
8. Type of Application: Type: New					
			O Mamo at Endard Aggray		
			Name of Federal Agency: U.S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Num	ber:		11. Descriptive Title of A		
Catalog Number: 14.218				opment Block Grant Program: A program of	
Assistance Title: Community Develop	ment Block G	rant	improvements an	munity facilities and property d social services designed to benefit	
12. Areas Affected by Project: El Paso, Texas			low-and moderate	-income persons.	
13. Proposed Project:	14.	Congressional	Districts of:		
Start Date End Date	a. /	Applicant		b. Project	
09/01/05 08/31/0	6	16		16	
15. Estimated Funding:		16. Is Ap	plication Subject to Review	by State Executive Order 12372 Process?	
- 5-11					
	9.358	R	eview Status: Program	n covered	
\$9,69	9,358	R			
\$9,69	9,358	R	Date: 08/05/0		
b. Applicant \$0	9,358	R			
b. Applicant \$0 c. State \$0	9,358		Date: 08/05/0	5	
b. Applicant \$0 c. State \$0	9,358			5	
b. Applicant \$0 c. State \$0 d. Local \$0	9,358		Date: 08/05/0	5	
\$9,69 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income	9,358		Date: 08/05/0	5	
\$9,69 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$1,00 g. Total			Date: 08/05/0	5	
b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$1,00 g. Total \$10,1	0,000 699,358 ata in this applic	17. Is the	Date: 08/05/0 e Applicant Delinquent on A No	the document has been duly authorized	
b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$1,00 g. Total \$10,1	0,000 699,358 ata in this applic	17. Is the	Date: 08/05/0 e Applicant Delinquent on A No	the document has been duly authorized	
b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$1,00 g. Total \$10,1 18. To the best of my knowledge and belief, all day the governing body of the applicant and the	0,000 699,358 ata in this applic oplicant will com	17. Is the	Date: 08/05/0 Applicant Delinquent on A No Ration are true and correct, ached assurances if the as:	the document has been duly authorized sistance is awarded.	

Application for Federal Assistance

Assistance		2. Date Submi	itted		Applicant Identifier		
		08/05/05			DUNS No. 058873019		
1. Type of Submission:		3. Date Received by State			State Application Identifier		
Application: Constru Preapplication: Non - C	onstruction	4. Date Received by Federal Agency			Federal Identifier S-05-MC-48-0005		
5. Applicant Information							
Legal Name				Organizational Unit			
City of El Paso, Texas				Department of Community and Human Development			
Address #2 Civic Center Plaza 8th Floor EI Paso, TX 79901 EI Paso				Robert A Salinas, Director (915) 541-4643			
6. Employer Identification Nur	mber (EIN):			7. Type of Applicant:			
746000749							
8. Type of Application: Type: New				Municipal			
				9. Name of Federal Agency	<i>y</i> :		
				U.S. Dept. of Ho	ousing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Program 12. Areas Affected by Project: El Paso, Texas				Descriptive Title of Applicant's Project: Emergency Shelter Grant Program - Acquisition, Rehabilitation or conversion of buildings for use as emergency shelter for the homeless, payment of certain operating and social service expenses, and homeless prevention activities.			
13. Proposed Project:		14. Con	gressional	Districts of:			
Start Date	End Date	a. Appli			b. Project		
09/01/05	08/31/06		16		16		
15. Estimated Funding:			16. Is App	olication Subject to Review b	y State Executive Order 12372 Process?		
a. Federal \$374,384			Re	Review Status: Program not covered			
b. Applicant \$0							
c. State	\$0						
d. Local \$374,384			17. Is the	s the Applicant Delinquent on Any Federal Debt?			
e. Other \$0							
f. Program Income	\$0						
g. Total	\$ 748,768						
18. To the best of my knowled by the governing body of the a	ge and belief, all data in t applicant and the applican	his application t will comply w	/preapplica	ation are true and correct, the sched assurances if the assis	e document has been duly authorized tance is awarded.		
a. Typed Name of Authorized Representative b. Title Joyce Wilson City Ma		Manager		c. Telephone Number (915) 541-4109			
d. Signature of Authorized Representative.					e. Date Signed 07/19/05		

Application for Federal Assistance

Assistance		2. Date Submitted			Applicant Identifier		
		08/05/05			DUNS No. 058873019		
1. Type of Submission:		3 Date Beck	eived by Sta	to.	State Application Identifier		
1. Type of oddinisation.		3. Date Received by State			State Application Identifier		
Application: Constru	uction	4 Data Bassiyad by Endoral Agency			Federal Identifier		
Preapplication: Non - C	Construction	4. Date Received by Federal Ag		derai Agency	M-05-MC-4	8-0213	
5. Applicant Information					111 00 1110 11	, , , , , , , , , , , , , , , , , , , ,	
				Townsiest seek their			
Legal Name City of El Paso, T	avae			Organizational Unit Department of Community and Human Development			
				Contact			
Address #2 Civic Center Plaza			Robert A Salinas, Director				
8th Floor				(915) 541-4643			
El Paso, TX 7990)1						
El Paso							
6. Employer Identification Nu	mber (FIN):			7. Type of Applicant:			
746000749	most (City).			7. Type of Applicant.			
8. Type of Application:				Municipal			
Type: New							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				9. Name of Federal Age	ucv.		
					Housing & Urban Devel	opment	
10. Catalog of Federal Dome	stic Assistance Number	r		11. Descriptive Title of A	•		
	4.239				Acquisition, rehabilitation	in, and new	
	OME Program			construction of ho	ousing, and tenant-based	i rental	
12. Areas Affected by Projec					er to improve and increas g stock for low-income re		
El Paso, Texas				anordable nedelli	g 3100k 101 101 111001110 11	201001110.	
13. Proposed Project:		14. Co	ongressiona	Districts of:			
Start Date	End Date		olicant		b. Project		
09/01/05	08/31/06		16		16		
15. Estimated Funding:			16. Is Ap	plication Subject to Review	v by State Executive Order	12372 Process?	
a. Federal							
	\$4,073,4	137	R	Review Status: Program not covered			
b. Applicant			-				
	\$0						
c. State			-				
	\$0						
d. Local		17. Is the		e Applicant Delinquent on A	Any Federal Debt?		
	\$0			No			
e. Other			1	140			
	\$0						
f. Program Income			-				
	\$1,200,0	000					
g. Total			-				
	\$ 5,273,	437					
18. To the best of my knowle by the governing body of the						y authorized	
a. Typed Name of Authorized Representative b. Title				c. Telephone Number			
			ty Manage				
d. Signature of Authorized R	epresentative a				e. Date Signed		
d. Signature of Authorized Representative Selection			_		07/19/05		
// /							